

Task # V-1: Develop and Implement Protective Action Decisions	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Information from the incident scene and recommendations from Emergency Operations Center (EOC) liaisons and public health officials.</p> <p>Conditions: Time limitations, conditions at variance to plans (e.g., road conditions, availability of shelters), availability of senior elected official or designated decisionmaker, availability of communications systems, pre-existing or default protective action decision (PAD) agreements, and knowledge of plans and procedures.</p> <p>Expected Outcomes: PADs (shelter in place/evacuation) appropriate for the risk are presented to the jurisdiction's population.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Receive information on population at risk from the Incident Commander (IC) at the scene. 2. Obtain decision on protective action recommendation (PAR) from EOC leadership, Radiation Control Director, and public health official or designee, who will use such factors as projected exposure from computer models, projected doses, readings from monitoring equipment, protective action guides in the jurisdiction plan, shelter availability, evacuation time estimates, emergency plans, and relative exposure savings between evacuation and sheltering. 3. Ensure that appropriate leadership makes the PAD (e.g., shelter in place/evacuate). Define areas and affected routes. 4. Communicate the PAD to the IC and other jurisdictions as soon as practicable. 5. Be aware of any conflicts, updates, adjustments, or cancellation of the PAD. <p>Consequences: Appropriate warning information is provided to the population-at-risk; public is protected from exposure to agents.</p> <p>Note: <i>These are "typical" steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction's plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

*Upon completion of the day's exercise play, evaluators should compile their observations into a chronological narrative of events, describing outcomes achieved or not achieved. For any outcomes that are not achieved, the evaluator should analyze the sequence of events and attempt to determine the cause using the questions **at right**. The questions **below** may further help determine root cause.*

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Decisionmaking Process

1. Who was responsible for the PAD(s)?
2. What was the PAD made (e.g., regarding shelter in place, evacuation, relocation, re-entry, and/or return)?
3. Was the PAD consistent with pre-existing or default PAD agreements and plans and procedures?
4. Was the PAD evaluated for accuracy before its use?
5. For radioactive contamination, were decisions made regarding:
 - a. Dispensing of radio-protective compounds?
 - b. Ingestion of food and water supplies?
 - c. Agricultural considerations?

Implementation

6. What was the timeline for development and implementation of the PAD?
7. What time limitations for the implementation and/or compliance with the PAD existed?
8. What additional resources were needed to implement the PAD?
9. When were the IC, on-site responders, and other jurisdictions notified of the PAD? Was it in a timely manner?
10. At what time was the emergency declared?

Task # V-2: Prepare and Disseminate Emergency Alert System Messages	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Jurisdiction protective action decisions (PADs) and identification of affected population.</p> <p>Conditions: Time limitations, activated Emergency Operations Center (EOC), availability of staff, availability of prescribed messages, and knowledge of plans and procedures.</p> <p>Expected Outcomes: Appropriate protective action messages (PAMs) are transmitted and/or disseminated to the affected population.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Identify and select prescribed Emergency Alert System (EAS) message appropriate for the PAD. Fill in blanks or modify selected messages with information specific to the incident. 2. Prepare <i>ad hoc</i> message if there are no prescribed messages appropriate for the PAD. 3. Place EAS stations or other local broadcast media on standby to receive messages. 4. Provide EAS message and inform participating EAS stations or local broadcast media of the time interval that the messages are to be broadcast. 5. Select individual sirens/radios or groups of sirens/radios for activation as appropriate for the area at risk. 6. Ensure needs of mobility, visual, or hearing impaired; non-English speakers; and institutions are addressed in the EAS messages. 7. As appropriate, provide copies of selected message(s) to other local EOCs and response agencies; coordinate with transboundary agencies. 8. Monitor EAS stations or other media to ensure they broadcast the message(s) within specified time and at the specified intervals. 9. Determine when to update and terminate messages. <p>Consequences: Affected community populations are alerted and notified of the PAD and recommended protective actions; population is protected from the effects of exposure to agents by taking protective actions.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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Preparation and Coordination

1. Were plans and procedures in place for identifying or modifying the EAS message? Who was responsible? Were the procedures effective?
2. What was the EAS message transmitted?
3. For a contamination incident, were instructions provided to those who have left the scene regarding followup actions (e.g., decontamination of clothing and property, removal and disposal of clothing and property, monitoring for exposure, watching for contamination symptoms)?
4. Who was responsible for placing the EAS stations or other local broadcast media on standby to receive PAMs?
5. Who was responsible for the preparation, coordination, and dissemination of news releases? What press conferences were conducted to explain the PAD?
6. Were updates given to supporting agencies/organizations? How often were updates provided?

Implementation

7. Did the EAS stations or local broadcast media use prescribed messages or *ad hoc* messages?
8. Did the EAS message fit within the broadcast time limits? What were the time intervals between broadcasts?
9. Were backup systems available to ensure transmission of the message?
10. What procedures were used to verify that messages were broadcast within the specific time period and intervals? Who was responsible for this verification?
11. Were alternate or supplementary methods (e.g., route alerting, pagers, signs, visual signals) of alert and warning identified?
12. Did dispatch or the EOC alert sites with special warning requirements (e.g., hospitals, schools)? If so, how?
13. Did the EOC directly notify specified facilities such as large businesses, highway administrators, major recreational facilities, airports, railroads, or institutions? Did they have the appropriate phone list?
14. Was the transmission of the EAS message successful in all affected sectors or zones?
15. Was route alerting used to notify special populations and rural areas not supported by conventional notification methods?
16. What communication equipment did the vehicle used for route alerting have?
17. Were maps, a copy of the message, and directions for the route alerting area provided for the vehicle?
18. Who was responsible for briefing the team on safe routes to and from the area, expected stay times, and other hazard protection information?

Task # V-3: Activate Traffic and Access Control Points	
Outcome: Public Protection	Location: In Community
Response Element: Law Enforcement	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Direction (from Emergency Operations Center [EOC]) to establish traffic control points (TCPs) and access control points (ACPs).</p> <p>Conditions: Availability of time; availability of communications systems; availability of personnel; availability of vehicles, barricades, and other traffic control equipment; selected evacuation routes; selected ACP/TCP locations; pertinent maps, diagrams, and plans; weather and environmental conditions; and situations at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: TCPs and ACPs are in place in time to support shelter-in-place or evacuation order and to prevent unauthorized access.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. If sufficient time is available, inventory and stage crews, vehicles, and equipment to support establishment of the specified ACPs and TCPs. 2. Move to designated locations. 3. Set up equipment in the proper locations to prevent access to restricted area and to direct movement out of the area. 4. Make communications checks and report operational status to the appropriate supervisor or EOC staff. Make followup reports at regular intervals regarding routes and dosimetry, if applicable. 5. Maintain a map of locations and provide to EOC and public works. 6. Direct evacuees along evacuation routes. 7. Prevent unauthorized access into the predicted hazard area. 8. Provide uniform identification for responders and facilitate the movement of emergency vehicles and crews through restricted areas. 9. Promptly relocate TCPs and ACPs as directed by supervisors. 10. Develop and implement long-term plan for traffic control. <p>Consequences: The population at risk and population at large are protected from exposure to agent.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Operations

1. Who directed law enforcement personnel to move to designated ACP/TCP locations?
2. What were the responsibilities of law enforcement at ACP/TCP locations?
3. What equipment did the ACP/TCP officer use to assist in the completion and operation of the ACP/TCP?
4. Did evacuation/traffic control actions accurately reflect direction received from the EOC?
5. Was a long-term plan in place to maintain traffic control?

Coordination

6. Who was responsible for ensuring that inventoried and staged crews, vehicles, and equipment were available to support the establishment of specified ACPs/TCPs? Was it performed in a timely manner?
7. Who received the operational reports and status checks from the field locations? Were followup reports received at regular intervals?
8. Did field teams provide dosimetry reports to the EOC?

Task # V-4: Coordinate Protective Actions for Special Populations	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: PADs for special populations.</p> <p>Conditions: Availability of time; availability of communications systems; identity, location, and numbers of disabled, institutionalized, and transit-dependent people; knowledge of institutions equipped for enhanced or pressurized sheltering in place; knowledge of plans and procedures; weather and other environmental conditions; selected evacuation routes; availability of vehicles to transport special populations; and situations at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: All special populations are sheltered in place or are promptly and safely evacuated to host facilities or reception centers.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Identify at-risk special populations and facilities. 2. Contact at-risk special populations and facilities and inform them of the protective action to be implemented for their specific situation. Obtain information about any assistance they may need. 3. Compile resource requests and contact resource providers to obtain needed support. 4. If shelter in place is ordered, provide appropriate assistance for implementing sheltering measures. 5. If evacuation is ordered: <ol style="list-style-type: none"> a. Stage transportation assets. b. Coordinate with traffic control personnel to expedite the movement of transportation assets. c. Inform transportation dependent populations on how to obtain transportation out of the hazard area. d. Notify host facilities or reception centers. 6. Promptly communicate changes in directed protective actions (e.g., from shelter in place to evacuation) to the affected special populations and facilities. 7. Provide the public at large with information regarding protective actions taken by special populations and facilities. <p>Consequences: The population at risk and population at large are protected from exposure to chemical, biological, or radiological agents.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Protective Action Implementation

1. How were at-risk special populations and facilities identified?
 - a. Was a list of potential locations already available?
 - b. How were they determined to be at risk?
2. How were facilities contacted?
 - a. Who was responsible?
 - b. What information was provided to the facilities?
3. How were resource requests obtained and coordinated?
4. Were any changes in the protective actions required?
 - a. What was the protocol for responding to such changes?
 - b. Were facilities notified?
5. What information was communicated to the public at large?
 - a. Were they provided information on which populations were affected, and how?
 - b. Were they informed as to how they can be reunited with family members in these populations?

Shelter-in-Place Implementation

6. If shelter in place was ordered, what assistance did facilities require?
 - a. How were these requests coordinated and implemented?
 - b. Who was responsible?

Evacuation Implementation

7. If evacuation was ordered, what information was provided to drivers and how? Did information address:
 - a. Location of the hazard area?
 - b. Routes to follow, pickup points, and final destinations?
 - c. Procedures to minimize contamination spread?
8. What actions were taken to expedite the movement of transportation assets to and from special population pickup routes and special facilities? Who was involved in the coordination of these actions?
9. Were transportation-dependent populations informed on how to obtain transportation out of the hazard area?
 - a. How were these populations identified?
 - b. What information was provided?
 - c. How was the information communicated?
10. How were host facilities or reception centers identified?
 - a. How were they notified to prepare to receive special population evacuees?
 - b. What plans and procedures were in place? Were they adequate?

Task # V-5: Implement Protective Actions for Special Populations	
Outcome: Public Protection	Location: In Community
Response Element: Special Population Sites	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Notification of protective actions to be taken for special populations, and identification of assets and resources needed for implementation.</p> <p>Conditions: Availability of time, availability of communications systems, sheltering options (e.g., expedient, enhanced, pressurized) available to the special population or facility, weather and other environmental conditions, selected evacuation routes, availability of transportation assets, and situations at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: All special populations are sheltered in place or are promptly and safely evacuated to host facilities or reception centers.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. If directed to shelter in place, follow local procedures for implementation. 2. If directed to evacuate, identify transportation resources needed and request their prompt deployment, including requesting additional resources. 3. Ensure that transportation providers: <ol style="list-style-type: none"> a. Mobilize vehicles and crews. b. Brief drivers on emergency procedures. c. Establish and maintain communication for the duration of the evacuation. 4. If privately owned vehicles are used, provide drivers with maps and brief them on emergency procedures, destination, and route to follow. 5. Assemble institutional populations, board on buses or other transportation assets, and transport to host facility. 6. Respond promptly and correctly to changes in protective action (e.g., from sheltering in place to evacuation). <p>Consequences: No special populations are exposed to agent.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Coordination

1. How were resource requests obtained and coordinated?
 - a. Did facilities have procedures for implementing protective action decisions (PADs)?
 - b. Were they followed?
2. Were any changes in protective actions required?
 - a. What was the protocol for responding to such changes?
 - b. Were facilities notified?
3. What information was communicated to the public at large?
 - a. Were they provided information on which populations were affected, and how?
 - b. Were they informed as to how they can be reunited with family members in these populations?
4. What was the protocol for responding to changes to PADs?

Shelter-in-Place Implementation

5. If shelter in place was ordered, what directions were given?
6. What kind of assistance did facilities require?
 - a. How were these requests coordinated and implemented?
 - b. Who was responsible?

Evacuation Implementation

7. Who was responsible for providing transportation for transportation-dependent populations?
8. What information was provided to drivers and how? Did information address:
 - a. Location of the hazard area?
 - b. Routes to follow, pickup points, and final destinations (host facilities)?
 - c. Procedures to minimize contamination spread?
9. Were transportation drivers given dosimetry meters?
10. What actions were taken to expedite the movement of transportation assets to and from special population pickup routes and special facilities? Who was involved in the coordination of these actions?
11. How did drivers maintain communication for the duration of the evacuation?
12. Were host facilities prepared to receive populations?
13. Were plans in place to monitor and decontaminate transportation assets?

Task # V-6: Coordinate Protective Actions for Schools and Day Care Centers	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: PAD for schools and day care centers.</p> <p>Conditions: Availability of time; availability of communications systems; identity, location, and capacity of public and private schools and day care centers; sheltering options (e.g., expedient, enhanced, pressurized) for schools; lists of host schools; weather and other environmental conditions; selected evacuation routes; availability of transportation assets; and situations at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: All school and day care students and staff are sheltered in place or are promptly and safely evacuated to host schools, day care facilities, or reception centers; parents are notified when and where to reunite with their children.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Identify at-risk schools and day care centers. 2. Contact at-risk schools and day care centers and inform them of the protective action to be implemented for their specific situation. Obtain information about any assistance they may need. 3. Compile resource requests and contact resource providers to obtain needed support. 4. If shelter in place is ordered, provide appropriate assistance for implementing sheltering measures. 5. If evacuation is ordered: <ol style="list-style-type: none"> a. Stage transportation assets. b. Coordinate with traffic control personnel to expedite the movement of transportation assets. c. Notify host schools, facilities, or reception centers. 6. Promptly communicate changes in directed protective actions (e.g., from shelter in place to evacuation) to the affected schools and day care centers. 7. Provide parents and guardians with information regarding protective actions taken by individual schools and day care centers, and procedures for reuniting with their children. <p>Consequences: Children and other people in schools and day care centers are protected from exposure to agent.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Protective Action Implementation

1. How were at-risk schools and day care centers identified?
 - a. Was a list of potential locations already available?
 - b. How were they determined to be at risk?
 - c. Did schools and day care centers have attendance rosters to account for individuals?
2. How were schools and day care centers contacted?
 - a. Were plans in place to coordinate actions with schools and day care centers? Were they followed?
 - b. Who was responsible?
 - c. What information was provided?
3. How were resource requests obtained and coordinated?
4. Were any changes in the protective actions required?
 - a. What was the protocol for responding to such changes?
 - b. Were facilities notified?
5. What information was communicated to the parents and guardians?
 - a. Were they provided information on which schools and day care centers were affected, and how?
 - b. Were they informed as to how they can be reunited with their children?

Shelter-in-Place Implementation

6. If shelter in place was ordered, what assistance was needed?
 - a. How were these requests coordinated and implemented?
 - b. Who was responsible?

Evacuation Implementation

7. If evacuation was ordered, what information was provided to drivers and how? Did information address:
 - a. Location of the hazard area?
 - b. Routes to follow, pickup points, and final destinations?
 - c. Procedures to minimize contamination spread?
8. What actions were taken to expedite the movement of transportation assets to and from schools and day care centers? Who was involved in the coordination of these actions?
9. How were host facilities or reception centers identified?
 - a. How were they notified to prepare to receive special population evacuees?
 - b. What plans and procedures were in place? Were they adequate?

Task # V-7: Implement Protective Actions for Schools and Day Care Centers	
Outcome: Public Protection	Location: In Community
Response Element: Schools and Day Care Centers	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: PADs for schools and day care centers.</p> <p>Conditions: Availability of time; availability of communications systems; identity, location, and capacity of public and private schools and day care centers; sheltering options (e.g., expedient, enhanced, pressurized) for the schools; lists of host schools; weather and other environmental conditions; selected evacuation routes; availability of transportation assets; and situations at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: All school and day care students and staff are sheltered in place or are promptly and safely evacuated to host schools, day care facilities, or reception centers.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. If directed to shelter in place, follow local procedures for implementation. 2. If directed to evacuate, identify transportation resources needed and request their prompt deployment, including requesting additional resources. 3. Ensure that transportation providers: <ol style="list-style-type: none"> a. Mobilize vehicles and crews. b. Brief drivers on emergency procedures. c. Establish and maintain communication for the duration of the evacuation. 4. If privately owned vehicles are used, provide drivers with maps and brief them on emergency procedures, destination, and route to follow. 5. Assemble institutional populations, board on buses or other transportation assets, and transport to host facility. 6. Respond promptly and correctly to changes in protective action (e.g., from sheltering in place to evacuation). <p>Consequences: No school or day care populations are exposed to agent.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Coordination

1. How were resource requests from schools and day care centers obtained and coordinated?
 - a. Did schools/day care centers have procedures for implementing PADs?
 - b. Were they followed?
2. Were any changes in the protective actions required?
 - a. What was the protocol for responding to such changes?
 - b. Were facilities notified?
3. What information was communicated to parents?
 - a. Did schools/day care centers have appropriate rosters of students and parental contact information?
 - b. Were they provided information on which schools and day care centers were affected, and how?
 - c. Were they informed as to how they can be reunited with children?
4. What was the protocol for responding to changes to PADs?

Shelter-in-Place Implementation

5. If shelter in place was ordered, what directions were given?
6. What kind of assistance did facilities require?
 - a. How were these requests coordinated and implemented?
 - b. Who was responsible?

Evacuation Implementation

7. What information was provided to drivers and how? Did information address:
 - a. Location of the hazard area?
 - b. Routes to follow, pickup points, and final destinations (host facilities)?
 - c. Procedures to minimize contamination spread?
8. Were transportation drivers given dosimetry meters?
9. What actions were taken to expedite the movement of transportation assets to and from special population pickup routes and special facilities? Who was involved in the coordination of these actions?
10. How did drivers maintain communication for the duration of the evacuation?
11. Were host facilities prepared to receive populations?
12. Were plans in place to monitor and decontaminate transportation assets?

Task # V-8: Direct Reception Center Operations	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Protective action decision (PAD) that includes evacuation.</p> <p>Conditions: Availability of communications systems, time available prior to evacuee arrival, list of reception centers, availability of reception center staff and equipment, selected evacuation routes, weather and other environmental conditions, and other conditions at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: Direction and control of reception center activities are established; reception center activities are coordinated to ensure the efficiency of evacuee support.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Determine number of reception centers to be activated. Select predetermined locations or identify <i>ad hoc</i> locations along evacuation routes where they will not impede evacuation. 2. Notify the agencies identified to operate reception centers (e.g., Red Cross) and direct them to mobilize their staff and equipment to establish facilities. 3. Provide operating and supporting agencies information on which reception centers will be activated, the hazard area, routes to take to reception centers, and enroute emergency procedures. 4. Coordinate with traffic control personnel to expedite movement of reception center assets to the designated locations and to direct evacuees. 5. Notify adjacent jurisdiction Emergency Operations Center (EOC) of decision to activate reception centers and their location. 6. Receive reports and solicit information regarding the status of reception center operations, paying special attention to the need for additional staff or equipment. 7. Obtain and arrange for distribution of supplies and equipment needed to sustain reception center operations. 8. Coordinate for additional manpower to assure continuous 24-hour operations. Assign augmenting personnel to reception centers where they are most needed. <p>Consequences: Evacuees desiring shelter are quickly screened, registered, and assigned to a shelter.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. How many reception centers were identified for activation?
 - a. How were these centers identified?
 - b. Were they predetermined or *ad hoc* locations?
2. How were reception centers contacted for activation?
 - a. Were plans and procedures in place for this process?
 - b. Were they effective?
 - c. At what time were they activated?
 - d. What steps for activation were they told to take?
3. How were other agencies informed about reception center activations?
 - a. Which agencies were notified?
 - b. What information were they given (e.g., regarding location of reception centers to be activated, hazard area, routes to take to reception centers, enroute emergency procedures)?
4. Were adjacent jurisdiction EOCs notified?
5. How was traffic control along the route coordinated?
 - a. Which agencies were involved?
 - b. How was traffic flow supported?
6. Who was responsible for maintaining contact with the reception center?
 - a. How often were status reports provided?
 - b. How and by whom?
7. How were requests for resources addressed?
 - a. Who was responsible for fulfilling requests for resources from the reception center?
 - b. What resources were needed?
 - c. Were requests filled in a timely manner?
8. Was a first-aid/sick call station established and manned? If so, when and by whom?

Task # V-9: Operate Reception Centers	
Outcome: Public Protection	Location: In Community
Response Element: Reception Centers	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Decision to activate reception centers and notification of reception centers.</p> <p>Conditions: Availability of communications systems, time available prior to evacuee arrival, list of reception centers, availability of reception center staff and equipment, selected evacuation routes, weather and other environmental conditions, and other conditions at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: Reception centers are fully staffed and functioning, and able to process evacuees safely and efficiently.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify staff that reception center is being activated and recall staff as needed. Brief staff on the hazard area, routes to follow to the reception center, and enroute emergency procedures. 2. Set up the reception center according to established plans and procedures; include screening and decontamination stations. 3. Report to the Emergency Operations Center (EOC) when the center is ready to process evacuees. 4. Identify pre-established criteria for decontamination. As evacuees arrive at reception center, register them and monitor for contamination. 5. Conduct decontamination as needed, and maintain records of exposure and monitoring. 6. Provide food, clothing, water, and basic personal hygiene needs at reception centers and first-aid/sick call stations. 7. Assign evacuees to shelters based on their need and desire for shelter. 8. Make periodic reports to the EOC according to local plans and procedures. 9. Review rosters to assure continuous 24-hour operations, and assign registration personnel to tasks and shifts where they are most needed. Provide a transition or situation briefing to later shift personnel before they begin work. <p>Consequences: Evacuees are registered and referred to shelters or other facilities for their safety and protection.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Reception Center Activation

1. When and how was reception center notified of decision to activate?
2. Who was responsible for recalling staff? How was this accomplished? Were all staff available to report? What information was provided to staff prior to arrival (e.g., location of hazard, safe routes to follow)?
3. Did the reception center have plans and procedures for activation? Where they followed? Were they adequate?
4. How were reception center assets staged?
5. Was reception center set up according to plans? What equipment and procedures were used to register evacuees? What equipment and procedures were used to monitor evacuees for contamination or other health and safety hazards? What decontamination equipment was available?
6. Who reported to the EOC when the center was ready?

Reception Center Operations

7. What was the primary objective of the reception center?
8. Were protocols and procedures for operating the center in place? Were they followed? Were they adequate?
9. What was the intended evacuee throughput of the reception center?
10. How many evacuees did the reception center process each hour?
11. What bottlenecks occurred in evacuee processing? How could they be remedied?
12. Did the center have contingency plans to compensate for overflow? Were these needed and were they adequate?
13. Was the reception center able to meet the needs of special populations and mobility impaired or medically dependent individuals?
14. How was screening of evacuees accomplished?
 - a. What equipment was used?
 - b. How were decisions made as to whether decontamination was necessary?
15. If decontamination was necessary, how was this accomplished?
 - a. What equipment and processes were used?
 - b. How were provisions made for cultural considerations and privacy?
 - c. How were contaminated clothing and property handled?
16. Were evacuees' basic needs met (e.g., clothing, food, shelter)?
17. What other amenities were provided (e.g., phone, shower).
18. What shelters were evacuees directed toward?
19. Did public health ensure safe practices were being met?
20. Was a first-aid/sick call station established?

Coordination With EOC

21. How was contact with the EOC maintained?
22. What information was provided and by whom?
23. Who requested resources from the EOC?
24. Did the EOC respond to resource requests from the reception center in timely manner?

Task # V-10: Direct Shelter Operations	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Protective action decision (PAD) that includes evacuation.</p> <p>Conditions: Availability of communications systems, time available prior to evacuee arrival, list of shelters, availability of shelter staff and equipment, selected evacuation routes, weather and other environmental conditions, memorandums of agreement (MOAs)/memorandums of understanding (MOUs) with host communities and facility operators, MOAs/MOUs with nongovernment agencies, and other conditions at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: Direction and control of shelter activities are established; shelter activities are coordinated to ensure the efficiency of evacuee support.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify the agencies identified to operate shelters (e.g., Red Cross) of the need for shelters. 2. In coordination with operating agency, determine number of shelters to be activated. Select predetermined locations or identify <i>ad hoc</i> locations along evacuation routes where they will not impede evacuation. 3. Ensure that operating agencies mobilize their staff and equipment to establish shelters. 4. Provide operating and supporting agencies with information on which shelters will be activated, the hazard area, routes to take to shelters, and enroute emergency procedures. 5. Coordinate with traffic control personnel to expedite movement of shelter assets to the designated locations and to direct evacuees. 6. Notify adjacent jurisdiction Emergency Operations Centers (EOCs) of decision to activate shelters and their locations. 7. Receive reports and solicit information regarding the status of shelter operations, paying special attention to the need for additional staff or equipment. 8. Obtain and arrange for distribution of supplies and equipment needed to sustain shelter operations. 9. Coordinate for additional manpower to assure continuous 24-hour operations. Assign augmenting personnel to shelters where they are most needed. <p>Consequences: Evacuees are provided with adequate care.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. How many shelters were identified for activation?
 - a. How many people were estimated to require shelter?
 - b. How were these shelters identified? What was their capacity and availability?
 - c. Were they predetermined or *ad hoc* locations?
2. How were shelters contacted for activation?
 - a. Were plans and procedures in place for this process?
 - b. Were they effective?
 - c. At what time were they activated?
 - d. What steps were they told to take for activation?
3. How were other agencies informed about the shelter activations?
 - a. Which agencies were notified?
 - b. What information were they given (e.g., regarding location of shelters to be activated, hazard area, routes to take to shelters, enroute emergency procedures)?
4. Were adjacent jurisdiction EOCs notified?
5. How was traffic control along the route coordinated?
 - a. Which agencies were involved?
 - b. How was traffic flow supported?
6. Who was responsible for maintaining contact with the shelter?
 - a. How often were status reports provided?
 - b. How and by whom?
7. How were requests for resources addressed?
 - a. Who was responsible for fulfilling requests for resources from the shelter?
 - b. What resources were needed?
 - c. Were requests filled in a timely manner?

Task # V-11: Operate Shelters	
Outcome: Public Protection	Location: In Community
Response Element: Shelter Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Decision to activate shelters; notification of shelters to prepare for activation.</p> <p>Conditions: Availability of communications systems, time available prior to evacuee arrival, list of shelters, availability of shelter staff and equipment, selected evacuation routes, weather and other environmental conditions, memorandums of agreement (MOAs)/memorandums of understanding (MOUs) with host communities and facility operators, MOAs/MOUs with nongovernment agencies, and other conditions at variance with assumptions in plans and procedures.</p> <p>Expected Outcomes: Evacuees receive essential care services until it is safe to return home.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify staff that shelter is being activated and recall staff as needed. Brief staff on the hazard area, routes to follow to the shelter, and enroute emergency procedures. 2. Set up the shelter according to established plans and procedures; include screening and decontamination stations. Verify that food service, security, first aid and medical service, childcare, sanitation, social services, counseling and religious support, and disaster welfare information services are in place. 3. Report to Emergency Operations Center (EOC) when the shelter is ready to process evacuees. 4. Identify pre-established criteria for decontamination. As evacuees arrive at shelter, register them and monitor for contamination. 5. Conduct decontamination as needed, and maintain records of exposure and monitoring. 6. Provide evacuees with assistance in locating and uniting with family members from whom they have become separated. 7. Make arrangements for the care and handling of evacuees' pets. 8. Make periodic reports to the EOC according to local plans and procedures. 9. Review rosters to assure continuous 24-hour operations, and assign registration personnel to tasks and shifts where they are most needed. Provide a transition or situation briefing to later shift personnel before they begin work. 10. Arrange to open other facilities as capacity is reached. <p>Consequences: Evacuees are provided adequate care.</p> <p>Note: These are "typical" steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction's plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Shelter Activation

1. When and how was shelter notified of decision to activate?
2. Who was responsible for recalling staff? How was this accomplished? Were all staff available to report? What information was provided to staff prior to arrival (e.g., location of hazard, safe routes to follow)?
3. Did the shelter have plans and procedures for activation? Where they followed? Were they adequate?
4. How were shelter assets staged?
5. Was shelter set up according to plans? What equipment and procedures were used to register evacuees? To monitor evacuees for contamination or other health and safety hazards? What decontamination equipment was available?
6. Who reported to EOC when shelter was ready?

Shelter Operations

7. Did the shelter have protocols and procedures for operation? Were they followed? Were they adequate?
8. What was the intended capacity of the shelter?
 - a. How many evacuees did the shelter accept?
 - b. How were overflow evacuees handled?
 - c. Did the shelter have contingency plans to compensate for overflow? Were these needed and were they adequate?
9. Was the shelter able to meet the needs of special populations, mobility impaired individuals, or medically dependent individuals?
10. How did shelters verify that evacuees had been appropriately screened and decontaminated?
11. If decontamination was necessary, how was this accomplished?
 - a. What equipment and processes were used?
 - b. How were provisions made for cultural considerations and privacy?
 - c. How were contaminated clothing and property handled?
12. Was the shelter able to provide sufficient food, water, sanitation, beds, and so on? Was public health involved to ensure safe operations? Was a first-aid/sick call station established? If not, how were these shortcomings addressed?
13. What actions were taken to reunite family members? Did shelters contact other shelters to find out information about missing family members?
14. How did the shelter handle pets?

Coordination

15. How was contact with the EOC maintained?
16. What information was provided and by whom?
17. Who requested resources from the EOC? What resources were provided?
18. Did the shelter request and obtain resources from other agencies? If so, who and what?

Task # V-12: Arrange for Veterinary Services	
Outcome: Public Protection	Location: EOC
Response Element: EOC Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Reports describing the incident; hazard analysis results; and information regarding exposure, injuries, or fatalities to companion animals, livestock, and wildlife.</p> <p>Conditions: Availability of communications systems; availability of veterinarians and veterinary specialists; plans and procedures for providing veterinary support; and plans, procedures, and official guidance regarding veterinary support.</p> <p>Expected Outcomes: Livestock, companion animals, and wildlife that are injured or exposed to agent, or are at risk of injury or exposure, are identified and treated humanely.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Determine the need for veterinary support. 2. Determine the need for agricultural support if radioactive contamination is suspected. 3. Request available veterinarian assets based on the composition and circumstances of the potentially affected livestock, companion animals, and fauna to ensure an appropriate response. 4. Assign veterinary services personnel to tasks and shifts. 5. Provide a transition or situation brief to newly arrived personnel. 6. Monitor veterinary services (e.g., medical treatment or euthanasia for livestock, companion animals, and wildlife using good veterinary practice). <p>Consequences: The veterinary support needs of affected residents are met; services provided comply with environmental protection regulations.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. How was need for veterinary service identified?
2. Who requested the support?
3. What type of support was needed:
 - a. For companion animals?
 - b. For livestock?
 - c. For wildlife?
 - d. For agricultural support (e.g., radioactive contamination)?
4. What veterinarian assets were available?
 - a. How were they determined?
 - b. What were the sources?
5. Were there plans and procedures in place for identifying and contacting veterinarians?
 - a. Were they followed?
 - b. Were they effective?
6. Who was responsible for allocating veterinary support assets?
7. At what time did veterinary services receive their initial task request?
8. Who was responsible for assigning and tasking veterinary services personnel?
9. How were veterinarians assigned to various tasks?
10. What laws and authorities govern the roles and responsibilities of veterinary services?

Task # V-13: Monitor and Decontaminate Sheltered Population	
Outcome: Public Protection	Location: In Community
Response Element: Fire Department/Hazardous Materials	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Termination of shelter-in-place protective action decision (PAD); release of potentially contaminated civilians.</p> <p>Conditions: Availability of communications systems, radiological assessments, list of decontamination stations, availability of equipment, selected evacuation routes, and weather and other environmental conditions.</p> <p>Expected Outcomes: Public receives essential contaminant monitoring and decontamination.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Verify decision to terminate shelter in place. 2. Notify responders and Incident Command System (ICS) staff that hot lines have been established. 3. Monitor property and civilians at the scene to determine level of contamination. 4. Set up the hot line according to plans and procedures. 5. Verify that essential equipment such as clean clothing, food, water, and transportation is available. 6. Report to the Emergency Operations Center (EOC) when the hot line has been established. 7. Identify pre-established criteria for decontamination. 8. Check evacuees to indicate that they have been through reception and registration, including screening for contamination as necessary and recording information. 9. Meet the needs of special populations and mobility impaired or medically dependent individuals. 10. Make provisions to safely store and dispose of contaminated clothing and property. 11. Make periodic reports to the EOC according to local plans and procedures. 12. Direct those monitored to other shelters as appropriate following monitoring. <p>Consequences: Evacuees are monitored and spread of contamination is minimized.</p> <p><i>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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Preparation

1. How was decision to terminate shelter in place communicated? Who received the information?
2. What was the primary objective of the hot line?
3. At what time was the process for setting up the decontamination hot line initiated?
4. Were plans and procedures in place for establishing and operating the hot line?
 - a. Were these followed?
 - b. Were these adequate?
5. How were monitoring, decontamination, and disposal assets staged?
6. How was the perimeter of the hot zone defined?
7. At what time was the hot line ready for implementation?
 - a. How was this communicated to the EOC?
 - b. How was this communicated to the civilians?

Implementation

8. How were civilians monitored and screened for decontamination? How was the decision made regarding the need for decontamination?
9. How was decontamination conducted?
10. What provisions were made for storage of property and clothing during decontamination?
11. How were cultural considerations and modesty handled during decontamination?
12. Were provisions made for disposal of contaminated clothing and property?
13. Who was responsible for maintaining contact with the EOC from the hot line?
 - a. What information was provided to the EOC?
 - b. Were additional resources requested?
 - c. Was response to request done in a timely manner?
14. Was the hot line able to meet the needs of the population to evacuate the incident scene in a timely manner (including special populations and mobility impaired or medically dependent individuals)?
15. What was the intended throughput of the hot line monitoring? How did this compare to the actual throughput?
16. How were illness and injuries handled?

Task # V-14: Make Disease Protection and Dispensing Priority Decisions	
Outcome: Public Protection	Location: EOC/Public Health
Response Element: EOC Staff/Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Need for Strategic National Stockpile (SNS) materiel in multiple areas.</p> <p>Conditions: Availability of time, availability of communications systems, emergency management information system, changing conditions, epidemiological results, and knowledge of plans and procedures.</p> <p>Expected Outcomes: Determine the proper dispensing priorities based on incident specific criteria; follow plans and procedures.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Identify and prioritize populations and geographic areas that need to receive SNS materiel (e.g., medicine, medical supplies). 2. Estimate amount of SNS materiel required in each area. 3. Determine amount of materiel available to meet required demands. 4. Determine SNS materiel allocation based on estimated demand and priorities. 5. Communicate allocation amounts to Receiving, Shipping, and Storage (RSS) for use in identifying specific dispensing site locations and for staging materiel for delivery to appropriate areas. <p>Consequences: SNS supplies are provided to the appropriate areas to care for and prevent further illness and injury.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Identifying and Prioritizing Areas/Populations in Need

1. Which areas and/or population groups were identified as being in need?
 - a. What factors were used in making this determination?
 - b. How big was the population at risk in each area?
 - c. What was the proposed amount of supplies to be provided to each area?
 - d. Was there a plan already in place for determining which groups would receive the medication?
2. What criteria were employed to prioritize need? For example:
 - a. Employees and families of essential government (Federal, State, and local); essential medical physicians, nurses, and paramedics; essential public service, emergency medical services (EMS), police, fire, public health, utility, and National Guard personnel.
 - b. High risk groups as determined by age, condition, and disabilities, and essential civilians such as food service workers and mortuary personnel.
 - c. Secondary government, medical, and public services personnel.
 - d. Others: healthy individuals, transits, and tourists.

Supply Allocation

3. How did decisionmakers allocate SNS supplies for each area/population in need? What factors did they take into account?
 - a. Nature of disease?
 - b. Geographic location and possible spread of disease?
 - c. Disease time factors (time between when symptoms appear and death)?
 - d. Consideration of other possible protective actions that may be as effective as prophylaxis: self-isolation, quarantine?
 - e. Numbers of people that fall into each of the priority groups?
 - f. Determination of when more supplies will become available?
 - g. Time of exposure?

Coordination and Communication

4. Who was involved in the identification, prioritization, and allocation decisionmaking process?
5. Who was responsible for making the actual decisions?
6. How was the SNS requested?
7. How were the allocation decisions communicated to the areas receiving the supplies?
8. How were people identified within the group and directed to dispensing?
9. Did the priority populations include family members?
10. How were expectations and concerns of those not selected for priority dispensing managed?

Task # V-15: Issue Standing Order for Prescription	
Outcome: Public Protection	Location: Public Health
Response Element: EOC Staff/Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Epidemiological reports and assessments; input from local, State, and Federal health officials.</p> <p>Conditions: Availability of time, availability of communications systems, emergency management information system, changing conditions, epidemiological results, and knowledge of plans and procedures.</p> <p>Expected Outcomes: A standing prescription is issued allowing local public health officials to dispense oral drugs and/or vaccine provided through the Strategic National Stockpile (SNS).</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. In coordination with senior medical officer or designated representative, assess the public health threat posed by the agent. 2. Write standing order prescription for the medications to be dispensed. 3. Determine types of medications and number of days prescribed. 4. Transmit the standing order prescription to all dispensing sites. <p>Consequences: Oral prescription drugs and/or vaccines can begin to be dispensed for prophylaxis to the affected population.</p> <p><i>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. Were plans and procedures in place for developing and implementing the standing order prescription?
 - a. Were these followed?
 - b. Were they adequate?
2. Who was involved in deciding the standing order prescription?
 - a. How was that determination made?
 - b. Who signed for the standing order?
3. Were instructions provided for alternate medications to account for drug allergies, special conditions, and pediatric doses?
4. How was the standing order prescription transmitted to dispensing sites?
5. In what languages was the standing order issued? Did language barriers pose any difficulties?

Task # V-16: Activate Health Alert Network	
Outcome: Public Protection	Location: Public Health
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Need for communication regarding disease outbreak or other public health impact.</p> <p>Conditions: Time limitations, dissemination of important medical information, notification of Emergency Operations Center (EOC), statewide network, availability of staff, availability of scripted messages, and knowledge of plans and procedures.</p> <p>Expected Outcomes: Timely activation of the Hospital Health Alert Network to equip public health personnel sharing information on the State level.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Obtain confirmation of disease outbreak or other health impact triggering public health emergency. 2. Notify appropriate professionals of nature of incident via the Hospital Health Alert Network. 3. Obtain appropriate approval for notices. 4. Provide updates as appropriate. <p>Consequences: Officials have the capability to communicate and disseminate pertinent medical data on the regional and State levels.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. What means were used to communicate health alert information?
2. Who had access to the Hospital Health Alert Network?
3. Who did not have access to the Hospital Health Alert Network, but should?
4. Was the information relayed in a timely manner?
5. Who had authority to issue alerts?

Task # V-17: Prepare Strategic National Stockpile Receiving, Staging, and Storage Center and Distribution Nodes	
Outcome: Public Protection	Location: RSS/Distribution Nodes
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task	Notes
<p>Inputs: Notification of incoming Strategic National Stockpile (SNS) supplies; establishment of SNS management function to direct and control SNS distribution process.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained workers, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: Receiving, Shipping, and Storage (RSS)/distribution node facilities are prepared to receive SNS materiel as described in the SNS plans and procedures.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify SNS distribution team of incoming SNS materiel; ensure that appropriate staff report to the RSS/distribution node facility. 2. Coordinate law enforcement escort of SNS materiel and Centers for Disease Control and Prevention (CDC) Technical Advisory Response Unit (TARU) from arrival at airport or State line to RSS site. 3. Evacuate the facility of all nonessential personnel. 4. Establish site security. 5. Set up the facility according to the predetermined floor plan to arrange space to receive, store, repackage, and stage SNS supplies and for staff in-processing 6. Ensure that all required equipment is ready and operational. 7. As staff arrive, conduct in-processing and brief them on safety, security, and assignments. Conduct "just-in-time" training as appropriate. 8. Organize staff into appropriate teams (e.g., inventory control, storage, labeling, repackaging, staging, transport). 9. Report to SNS management function and the Emergency Operations Center (EOC) when facility is ready and security is in place. 10. Report when the CDC TARU arrives at the RSS. <p>Consequences: SNS supplies are quickly and effectively processed and distributed to appropriate dispensing sites.</p> <p>Note: These are "typical" steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction's plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

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Facility Selection

1. Was more than one RSS site identified in the plan to ensure redundancy in case one site was affected? If so, which RSS was selected and why?
2. Were there alternate SNS sites identified? How many? Were they activated?
3. How many nodes were activated? Why were these selected?
4. Were there additional nodes? If so, how many?
5. How far or near was the RSS site from the nodes? From the proposed dispensing sites and treatment centers?

RSS/Distribution Node Facility Setup

6. Comment on the adequacy of the following characteristics:
 - a. Floor space.
 - b. Temperature/humidity control.
 - c. Electrical power, including emergency power.
 - d. Fences/locked doors.
 - e. Multiple access.
 - f. Loading docks.
 - g. Forklifts.
 - h. Secure storage area.
7. How long did it take to prepare the facility to receive supplies?
 - a. Time began setup:
 - b. Time reported readiness:

Coordination and Communication

8. How were facility staff notified of activation?
9. How were staff briefed, processed, and trained before starting work?
10. How were they organized?
11. What means were used to communicate with the EOC, public health, and the dispensing sites?

Task # V-18: Establish Security at Receiving, Staging, and Storage/Distribution Nodes	
Outcome: Public Protection	Location: RSS/Distribution Nodes
Response Element: Law Enforcement/Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Assignment of Strategic National Stockpile (SNS) security personnel at Receiving, Shipping, and Storage (RSS)/distribution nodes.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained security personnel and support, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: Security at RSS/distribution nodes is in place to ensure the protection of SNS supplies during the initial staging process and distribution. No unauthorized personnel gain access to the RSS/distribution nodes.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify local law enforcement and other agencies of the arrival of the SNS at facility (e.g., RSS, distribution node facility). 2. Direct internal and external perimeter security around facility: <ol style="list-style-type: none"> a. Make use of existing barriers (e.g., walls, fences, buildings) and temporary barriers to control access to facility. b. Establish access control points (ACPs). c. Post armed guards. d. Define rules of engagement for security personnel. 3. Establish ability to credential on site and issue event identification. 4. Ensure that facility has been evacuated of all unauthorized personnel and that all security personnel are in place prior to the arrival of the SNS materiel. 5. Control ingress and egress: <ol style="list-style-type: none"> a. Verify arrival times and identification of delivery and pickup vehicles. b. Inspect entering vehicles and personnel to verify approval to enter. c. Ensure that no unauthorized personnel are concealed in vehicles. d. Inspect outgoing vehicles to verify authorized shipment. e. Establish appropriate buffer zone to keep unauthorized vehicles away from RSS/distribution nodes. 6. Ensure that all unattended SNS containers remained locked. 7. Coordinate with transport (air or land) operations to ensure continuity of security and adherence to all State and Federal guidelines. 8. Coordinate with facility manager and SNS Management Function. 9. Establish traffic and crowd control plan. <p>Consequences: No SNS supplies are stolen, damaged, or misplaced.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. What actions were taken to control and monitor access into, within, and out of the facility?
 - a. Visitor verification and escorts?
 - b. Perimeter protection (barriers, fences, gates, door alarms)?
 - c. Security cameras?
 - d. Guards?
 - e. Credentials and event identification verified for all personnel?
2. How were unauthorized personnel identified and evacuated?
 - a. What was the protocol/procedure for addressing uncooperative unauthorized individuals?
 - b. Was it followed?
3. What were the protocol/procedures for allowing access of SNS response team or other approved emergency responders/command post staff to secure locations (e.g., badges, approved name list)? Was it followed?
4. What other agencies, personnel, and resources were coordinated with to ensure security?
5. Was there a method of issuing credentials and event identification? Credentials and event identification should not be issued within the outer perimeter of the RSS site.

Task # V-19: Operate Strategic National Stockpile Receiving, Staging, and Storage Center and Distribution Nodes	
Outcome: Public Protection	Location: RSS/Distribution Nodes
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Preparation of Receiving, Shipping, and Storage (RSS)/distribution nodes; establishment of Strategic National Stockpile (SNS) management function.</p> <p>Conditions: Availability of time; availability of communications systems; availability of trained workers, equipment, and supplies; and plans and procedures.</p> <p>Expected Outcomes: Effectively operate the SNS RSS/distribution nodes according to State SNS plans and procedures.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. At RSS, accept and offload materiel from the Centers for Disease Control and Prevention (CDC); at distribution nodes, accept and offload materiel from RSS. 2. Conduct inventory control at the facility: <ol style="list-style-type: none"> a. Receive inventory information on SNS supplies and enter inventory data in appropriate tracking system. b. Process requests from dispensing sites/treatment centers. c. Monitor shipments transported. d. Monitor overall supplies. 3. Conduct storage and maintenance function: <ol style="list-style-type: none"> a. Store materiel for easy access and staging for delivery to specific locations. b. Manage the facility to maintain a secure, climate-controlled (58 to 86 degrees F) storage of SNS assets. c. Comply with specialized storage requirements (e.g., materiel requiring refrigeration, U.S. Drug Enforcement Agency [DEA]-controlled substances) if needed. 4. Conduct staging and repackaging functions: <ol style="list-style-type: none"> a. Obtain information on specific amounts of equipment and supplies required at each location (e.g., node, dispensing site, treatment center). b. Obtain orders for prophylaxis (meds) for both pediatric and adult dosages. c. Pick up and organize materiel by delivery location in the staging area. d. Conduct repackaging of bulk medicine as needed. 5. Coordinate security for the facility and transportation through the Emergency Operations Center (EOC). 6. Coordinate delivery of SNS supplies to other sites through the EOC. 7. Provide status reports to the EOC and public health. <p>Consequences: SNS supplies are packaged and loaded efficiently for transport and shipment.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

SNS Arrival at RSS

1. When did the SNS arrive from CDC at the RSS (how much time from initial request)?
2. Who accepted custody of the package?
 - a. Was this person a DEA registrant/agent able to handle Schedule II controlled substances?
 - b. Was this person identified in the SNS plans?
 - c. Were there any problems in identifying or contacting the designated official?
 - d. Did the official sign the Custody Transfer Form?
 - e. Was there a signed memorandum of agreement (MOA) between the State and CDC or did the official have to sign one?

Unloading at RSS/Distribution Node Facility

3. How was materiel unloaded?
 - a. Using loading docks?
 - b. Using forklifts?
4. How long did it take to unload SNS supplies?
 - a. Time of arrival:
 - b. Time unloading began:
 - c. Time unloading complete:
 - d. Volume of supplies handled:

Inventory Process

5. What inventory information was provided by CDC?
6. Who was responsible for monitoring the inventory?
 - a. How was this process conducted?
 - b. Was it effective? Was any materiel temporarily misplaced?
7. What type of inventory tracking system was available at the RSS?
8. What information was tracked (e.g., item, quantity, lot numbers, lot expiration, container number)?

Storage Process

9. How was materiel stored (e.g., by product type, sequentially by number)?
10. How was this process managed to ensure consistency?
11. Was refrigeration available for materiel requiring it?
12. Were DEA-controlled substances handled in accordance with DEA requirements (see next task)?

Task # V-20: Prepare Strategic National Stockpile Materiel for Distribution	
Outcome: Public Protection	Location: RSS/Distribution Nodes
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Strategic National Stockpile (SNS) medications and medical supplies, State Epidemiologist standing orders for prescription, and identification of materiel requirements and shipping locations.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained personnel and support, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: SNS materiel is prepared for shipment to distribution nodes and dispensing sites following SNS plans and procedures.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Obtain shipping requirements for type and amount of materiel to be sent to distribution nodes, dispensing sites, and treatment centers. 2. Prepare orders for distribution of medications: <ol style="list-style-type: none"> a. Identify unit-of-use regimens. b. Prepare for immediate shipping to distribution nodes/dispensing sites. 3. Prepare orders for distribution of medical supplies. 4. Package orders of required medicine and medical supplies into appropriate containers for delivery to specific locations and label each shipment. 5. Conduct quality control check of all outgoing shipments. 6. Determine number and size of vehicles needed for transportation. 7. Coordinate transportation with prearranged transportation method. 8. Arrange staging area for transportation. 9. Load and dispatch trucks. 10. Ensure all materials leaving the Receiving, Shipping, and Storage (RSS) are recorded. 11. Advise distribution nodes and dispensing sites of estimated time of arrival of SNS supplies. <p>Consequences: SNS supplies quickly prepared for distribution. All supplies are properly labeled for identification.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Processing Orders

1. How complete were shipping orders on providing the required information:
 - a. Type of materiel needed, (e.g., IV administration material, life support medicines, airway equipment, medical/surgical supplies).
 - b. Amount of materiel needed.
 - c. Shipping locations.
2. Who provided the orders to the RSS and how were they provided?
3. How was this information relayed to those preparing shipments?

Preparing Shipments

4. Were adequate pallets available and properly constructed prior to shipment?
 - a. Were shipments shrink wrapped?
 - b. Were shipment labels affixed?

Loading Process

5. Who was responsible for the loading process?
6. How did loading staff know which staged materiel was designated for which vehicles?
7. Were there any problems in carrying out this process?

Task # V-21: Repackage Bulk Drugs	
Outcome: Public Protection	Location: RSS
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Strategic National Stockpile (SNS) medications in bulk bottles, repackaging personnel, issuance of standing orders for prescriptions, and procedures for documentation to distribute prophylaxis.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained personnel and support, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: Repackage and document SNS medication and medical supplies for shipment to distribution nodes/dispensing sites (if node is bypassed) following SNS plans and procedures. Correct dosages filled and labeled. Accountability maintained for all supplies.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Identify need for repackaging bulk drugs. 2. As staff arrive, conduct in-processing and brief them on safety, security, and job assignments. Conduct on-time training as appropriate. 3. Assemble repackaging teams according to predetermined repackaging floor plan and shift schedule for 24-hour operation. 4. Using packaging or counting devices, count and repackage oral prophylaxis into appropriate units of use. 5. Label each regimen in accordance with applicable State laws. 6. Package into appropriate boxes for shipping as needed. Label each box with 1) item, 2) quantity, 3) lot numbers, 4) lot expiration (if applicable), 5) container number, and 6) dispensing location. 7. Record all medications and medical supplies leaving the repackaging site. <p>Consequences: Bulk SNS supplies quickly prepared for distribution. All supplies properly labeled for identification.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. Which medications required repackaging?
2. Why was repackaging needed? Were the prepackaged medications inadequate or ineffective?
3. What training did repackaging staff receive?
4. How was the repackaging process conducted?
 - a. Was this process specified in the SNS plan?
 - b. What equipment was available (e.g., counting devices)?
 - c. Was the process effective?
5. Describe the repackaging response time:
 - a. How many regimens per hour were produced?
 - b. How many staff were working and what hours?

Task # V-22: Manage Strategic National Stockpile Controlled Substances	
Outcome: Public Protection	Location: SNS Sites
Response Element: Law Enforcement/Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Receipt of U.S. Drug Enforcement Agency (DEA) Schedule II, III, IV, or V controlled substances in Strategic National Stockpile (SNS) materiel. Assigned trained personnel, resources, equipment, and procedures in place to support receipt of SNS-controlled substances.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained security personnel and support, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: All SNS-controlled substances (Schedule II, III, IV, and V) are stored in compliance with DEA requirements and State SNS plans and procedures at Receiving, Shipping, and Storage (RSS)/distribution nodes, and/or dispensing sites.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Store drugs in the DEA-approved specialized hardened air cargo containers used for transportation from the CDC, OR 2. Store Schedule II controlled substances under double-locked conditions (in a securely locked box or container, within a securely locked room or closet, or in a substantially constructed medications storage box, cabinet, or safe). Both locks must be secured when not in use. 3. Store all Schedule III, IV, and V controlled substances in a securely locked, substantially constructed medication storage box, cabinet, or safe. The box, cabinet, or safe will be maintained in a restricted access area. Both locks must be secured when not in use. 4. Ensure that keys and combinations to Schedule II through V controlled substances are protected by an individual authorized to distribute Schedule II through V controlled substances, such as a Pharmacy Board Advisor, Pharmacy Association Advisor, or Chief of Operations. 5. Limit access to controlled substances to the absolute minimum number of individuals. 6. Report any theft or loss to the DEA and local police. 7. Comply with DEA recordkeeping and inventory requirements, unless waived by appropriate authorities. <p>Consequences: Controlled SNS substances are not lost or stolen.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What corrective actions are recommended?

Authorized Transfer

1. Which DEA substances were included in the SNS materiel?
2. How were DEA-controlled substances transferred?
 - a. Were controlled substances handled by an authorized registrant?
 - b. How did the registrant demonstrate appropriate credentials?
 - c. Did the registrant sign Form 222?
 - d. If the authorized registrant was not available, who signed for the substances and how were recordkeeping requirements addressed (e.g., for Form 222)?

Secure Storage

3. How were DEA-controlled substances packaged?
 - a. Were the drugs left in the original DEA-approved cargo containers?
 - b. If not, how were they packaged and why?
 - c. Were the containers locked when not in use?
4. Where were the containers stored (e.g., security cage, lockbox, vault, safe)?
5. Was the container maintained in a restricted access area?
6. Was access to the restricted access area limited to the minimum number of people necessary?
7. Was theft or loss of controlled substances reported to the DEA using DEA Form 106?

Task # V-23: Transport Strategic National Stockpile Materiel	
Outcome: Public Protection	Location: RSS
Response Element: Public Health Staff/DOT	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Preparation of Strategic National Stockpile (SNS) materiel shipments. Security transport plans and procedures.</p> <p>Conditions: Availability of communications systems, plans and procedures for transportation security, availability of safe and secure routes from Receiving, Shipping, and Storage (RSS) to the distribution nodes/dispensing sites, and availability of trained personnel.</p> <p>Expected Outcomes: SNS materiel is quickly and securely transported to appropriate locations.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Obtain orders for transporting SNS materiel. 2. Arrange for transportation security: <ol style="list-style-type: none"> a. Brief all security/transportation agencies on plans/procedures for security during transport. b. Identify and review specific roles for each security/transportation agency. c. Identify resources required including personnel to facilitate security during transport. 3. Identify exact routes to be used during transport and ensure that traffic control points (TCPs) are in place at all critical locations. 4. Coordinate route with security escort. 5. Sign receipt for inventory of SNS supplies. Arrange for security escort relays where necessary. 6. Arrange for security reception at distribution nodes/dispensing sites. 7. Transit directly to node. 8. Unload supplies. 9. Transfer custody of SNS supplies to receiving location with signed inventory receipt. 10. Report delivery of supplies in accordance with the Emergency Operations Center (EOC) plan. 11. Detach or return for further supplies as per direction of the Receiving, Shipping, and Storage (RSS). <p>Consequences: SNS supplies are delivered to the distribution nodes/dispensing sites without disruption or loss.</p> <p>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Transportation Modes

1. Which modes of transportation were used for distribution?
2. What type of support was available for the modes used (e.g., fuel, repair, recovery for disabled vehicles)?
3. Were vehicles able to maintain appropriate temperature for transporting materiel?
4. Were alternative sources of transportation identified in the event of a problem? Were any arrangements in place to provide such sources (e.g., memorandums of understanding [MOUs] with local commercial companies)?
5. How was number of vehicles determined? Was the initial estimate correct? Did it have to be modified?
6. Which agencies were involved in the distribution process?
 - a. Air, ground, rail, and water transportation?
 - b. Public safety and law enforcement?
 - c. Public works?
 - d. Other agencies that may have fleets of vehicles and drivers (e.g., National Park Service, National Guard)?

Transport Security

7. How were vehicles and drivers identified to ensure authorization?
8. Were escorts provided?

Driver Instructions

9. How did drivers know where to go?
10. Were they told of preferred routes?
11. Were preferred routes coordinated through the U.S. Department of Transportation (DOT)?
12. Did drivers encounter any issues enroute (e.g., road construction, bridge closures)?
13. Who would they call if they had questions, and how?
14. How did they coordinate and communicate with each other?
15. Did drivers know where to deliver at the particular site?
16. Did drivers have appropriate identification to allow access?

Dispatch and Coordination

17. Who was in charge of coordinating the vehicle drivers? Was there a central dispatch/coordination function?
18. How would the drivers be contacted if there were a change in instructions?
19. How was driver progress monitored?

Task # V-24: Prepare Dispensing Site for Operations	
Outcome: Public Protection	Location: Dispensing Site
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Identification and activation of dispensing site(s).</p> <p>Conditions: Availability of time, availability of communications systems, and availability of properly equipped security forces with vehicles.</p> <p>Expected Outcomes: Dispensing site(s) is activated and fully functional.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Set up facility, equipment, maps, and displays in accordance with standard operating procedures (SOP). 2. Prepare multilanguage signs, posters, and so on to direct the movement of people and provide information on what is happening. 3. Verify mobilization and arrival of key personnel. 4. Set up a security cordon and other means of controlling access around the dispensing site, including an emergency access control point (ACP). 5. Set up portable crowd control barriers. 6. Ensure adequacy of equipment, facilities, supplies, and specialized items (e.g., equipment for mixing pediatric portions). 7. Ensure adequate patient forms in all appropriate languages are available, including: <ol style="list-style-type: none"> a. Patient medical record form. b. Agent information sheets. c. Adverse reaction information sheet. 8. As staff arrives, conduct in-processing and brief them on safety, security, and job assignments. Conduct just-in-time training as appropriate. 9. Establish mechanisms for maintaining accountability of all staff members within the dispensing site. <p>Consequences: The dispensing site is ready to begin dispensing operations.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Facility Location and Setup

1. What equipment was needed (e.g., tables, chairs, screens, computers)? Describe the process and logistics of installing equipment:
 - a. Where was it obtained?
 - b. How was it transported to the facility?
 - c. Was equipment set up in accordance with SOPs?
 - d. How many people were needed to set up the equipment?
 - e. Were any specialized skills needed (e.g., to set up computers)?
2. Describe the external setup of the facility:
 - a. How was the facility identified (e.g., banners, signs)?
 - b. How was vehicle traffic into the facility controlled?
 - c. Was there sufficient parking, including parking for persons with disabilities?
 - d. How was entry into the building controlled?
 - e. Was there a separate entrance or facility for first responders?
3. How were required forms printed and delivered?

Internal Operations Setup

4. How many in-processing stations were established?
5. How many dispensing stations were established?
6. How long did it take to set up the dispensing site?
7. What mechanisms were put in place to control internal traffic flow ?
 - a. Did the facility have clear signs/directions on how people should move through the system?
 - b. What physical barriers were used to direct traffic flow?
 - c. How did the facility setup account for physically disabled people?

Coordination and Communication

8. What setup was put in place to track and account for staff members in the facility?
9. What communications system was used for internal communication?
10. What communications system was in place for communication with the Emergency Operations Center (EOC), Receiving, Shipping, and Storage (RSS), or distribution nodes?

Staff Assignments

11. How were staff assignments determined? How were they communicated to the staff?
12. Were the following functional areas appropriately staffed with trained personnel:
 - a. Greeting and orientation?
 - b. Initial examination and redirection of symptomatic people?
 - c. Monitoring supplies and reordering as needed?
 - d. Handing out forms and checking for completeness?
 - e. Education and other information dissemination?
 - f. Providing medical instructions and policies?
 - g. Addressing special patient needs (e.g., interpretation, access)?
 - h. Dispensing medication?
 - i. Providing physical security?
 - j. Managing operations?
 - k. Mental health counseling?

Task # V-25: Establish Dispensing Site Security	
Outcome: Public Protection	Location: Dispensing Site
Response Element: Law Enforcement	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Activation of dispensing site(s).</p> <p>Conditions: Availability of space, existing physical security measures, efficiency of access to drugs, and number of dispensing stations.</p> <p>Expected Outcomes: Ensure Strategic National Stockpile (SNS) supplies are not lost, stolen, or looted.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Notify local law enforcement and other agencies of the arrival of the SNS at the dispensing site. 2. Direct and coordinate internal and external perimeter security around facility: <ol style="list-style-type: none"> a. Make use of existing barriers (e.g., walls, fences, buildings) and temporary barriers to control access to facility. b. Establish access control points (ACPs). 3. Ensure that facility has been evacuated of all unauthorized personnel and that all security personnel are in place prior to the arrival of the SNS materiel. 4. Control ingress into and egress from delivery areas: <ol style="list-style-type: none"> a. Verify arrival times and identification of delivery and pickup vehicles. b. Inspect entering vehicles and personnel to verify approval to enter. c. Ensure that no unauthorized personnel are concealed in vehicles. 5. Establish security in public areas: <ol style="list-style-type: none"> a. Establish controlled area for on-site storage of SNS material. b. Provide security personnel. 6. Provide vehicle management and control around dispensing sites. <p>Consequences: SNS supplies are available to be dispensed. SNS supplies are not diverted for illegal uses.</p> <p><i>Note: These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What corrective actions are recommended?

Area Security

1. How was materiel secured at the dispensing sites?
2. What other agencies, personnel, and resources were coordinated with to ensure security?

Crowd Control

3. How was security established in the receiving area?
4. How was security maintained in areas where the medications were stored? In the dispensing areas?
5. Were procedures in place for stopping individuals from approaching the medications? From unruly behavior?

Traffic Control

6. Was vehicle traffic orderly and free flowing in and out of dispensing areas?

Task # V-26: Coordinate Dispensing Site Operations	
Outcome: Public Protection	Location: Dispensing Site
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Activation of dispensing site(s), procedures for operation of dispensing site, assigned personnel, and required equipment and resources.</p> <p>Conditions: Availability of time, availability of communications systems, availability of trained personnel and support, availability of equipment and supplies, and plans and procedures.</p> <p>Expected Outcomes: Dispensing site operations proceed smoothly and efficiently.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Verify that a medical official has issued standing order prescriptions for the medications to be dispensed. 2. Establish command structure to oversee staff and coordinate volunteers. 3. Establish or implement appropriate credentialing procedures. 4. Locate and coordinate the use of pharmacists, doctors, nurses, mental health specialists, and other health care professionals to staff and manage the dispensing site. 5. Organize personnel to perform dispensing site functions. 6. Isolate symptomatic individuals as required and arrange for transport to treatment center. 7. Coordinate security and crowd control. 8. Coordinate resupply of items. 9. Perform Public Information Officer (PIO) functions as required. <p>Consequences: Prophylaxis is dispensed to population before people become symptomatic.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

*Upon completion of the day's exercise play, evaluators should compile their observations into a chronological narrative of events, describing outcomes achieved or not achieved. For any outcomes that are not achieved, the evaluator should analyze the sequence of events and attempt to determine the cause using the questions **at right**. The questions **below** may further help determine root cause.*

- ✓ What happened?
- ✓ What was supposed to happen?
- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

Dispensing Site Setup

1. How well did the external setup work? Was there sufficient parking? Access for disabled people?
2. How well did the internal setup work? Did pedestrian flow within the facility work? Were there sufficient signs and barriers to assist traffic flow?

Dispensing Site Operations

3. What provisions were available to handle medical emergencies?
4. Were standard operating procedures (SOPs) followed?
5. What actions were taken to ensure protection/security of vaccine/medication?
6. What quality control procedures were followed to ensure proper screening?
7. How were complaints and disgruntled patients addressed?
8. Did dispensing sites use provided algorithms to determine dosage requirements for children and other special populations?

Dispensing Site Throughput

9. How long did it take to screen patients to determine eligibility/priority for prophylaxis?
10. How many dispensing stations were available?
11. How many patients were processed per hour? Hour 1, from _____ to _____: Hour 2, from _____ to _____: Hour 3, from _____ to _____.

Task # V-27: Screen Recipients and Dispense Medication	
Outcome: Public Protection	Location: Dispensing Sites
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Arrival of nonsymptomatic patients at screening and dispensing stations.</p> <p>Conditions: Availability of screening area, patient medical complications, and patient nonmedical complications.</p> <p>Expected Outcomes: Patients receive appropriate type and amount of prophylaxis.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Ensure that patient completes “screening tool” questionnaire provided by public health. Determine eligibility for prophylaxis. 2. Collect and review personal information. 3. Conduct medical assessment, review of paperwork, and client interview. 4. Dispense medication (oral or vaccine). 5. Collect forms. 6. Provide patient with instructions for followup. 7. Offer mental health counseling services. 8. Provide instructions to mothers and caregivers about pediatric dosages. <p>Consequences: Adverse effects from prophylaxis are minimized.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What corrective actions are recommended?

Dispensing Site Operations

1. What provisions were available to screen sick from well?
2. What provisions were available to assist "worried well"?
3. What provisions were available to handle medical emergencies?
4. Were standard operating procedures (SOPs) followed?
5. Describe procedures used (and how well they were implemented) regarding:
 - a. Use of appropriate medicine?
 - b. Determination of appropriate dosage based on patient conditions?
 - c. Determination of appropriate pediatric dosage based on weight/size?
 - d. Informed consent? Privacy/confidentiality?
 - e. Personal protection?
 - f. Needlestick or injection procedure?
 - g. Treatment for allergic reactions?
6. Who was permitted to dispense medication? Were waivers available to allow nonpharmacists to hand out oral medication? If not, would this have helped?

Staff Communication and Coordination

7. How did communications work among the clinic participants?
8. What communication equipment was used (e.g., walkie-talkies)? How well did it work?
9. How well did the chain of command work?
10. Did staff members understand their roles and responsibilities?
 - a. Did they adhere to the job action sheets?
 - b. Did they go beyond their job roles?
 - c. Did staff know who to go to for leadership in the chain of command?
 - d. Was there duplication of effort?

Patient Treatment

11. How was the level of customer service?
 - a. Were patients treated with respect?
 - b. Was waiting time reasonable?
 - c. Were their questions answered satisfactorily? Did staff lower patient anxiety and maintain an atmosphere to keep patients calm?
 - d. How were patient concerns addressed?
12. Were patient needs accommodated?
 - a. Were accommodations made for disabled patients?
 - b. Were interpreters available when needed?
13. Was there a plan to enhance patient treatment compliance?
14. Were there provisions for mental health counseling for responders and the public?
15. Did patients know whom to contact for information on adverse affects?

Task # V-28: Operate Patient and Medication Tracking Systems	
Outcome: Public Protection	Location: Dispensing Site
Response Element: Public Health Staff	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Patient medication tracking system and medication inventory.</p> <p>Conditions: Temporary dispensing center, patients with non-English-speaking skills, patients with English-speaking skills, and hearing- and sight-impaired patients.</p> <p>Expected Outcomes: Track patients receiving Strategic National Stockpile (SNS) assets, and track and monitor SNS assets (State).</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Provide forms, in appropriate language, for patients to complete prior to receiving medication. 2. Collect forms and review for completeness; require additional information (if necessary). 3. After patient receives prophylaxis (oral or vaccine), enter information (patient name or clinic number, and amount/type of prophylaxis dispensed) on flow sheet. 4. Record information and make information transferable to tracking system. 5. Forward data to public health. <p>Consequences: Accurate records are available for reviewing prophylaxis treatments and effectiveness. Adverse effects from prophylaxis are minimized.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

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- ✓ What is the impact of that difference?
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- ✓ What corrective actions are recommended?

1. Who developed the forms that were provided to patients?
2. Were all forms available in the appropriate language?
3. Where in the process were the forms distributed?
4. Were there problems in getting completed forms?
 - a. Did patients understand the requirements?
 - b. Did patients resist providing information?
 - c. How were these issues addressed?
5. Who was responsible for collecting forms?
6. Who was responsible for completing the forms after the medication was dispensed?
7. How did the staff ensure that no forms were misplaced?
8. Who was responsible for recording data and providing reports to public health? How were they transferred?
9. How was data quality controlled?
10. How was data forwarded to proper authority (e.g., State public health)? Was there an alternative process if primary method was not functional?

Task # V-29-R: Implement Potassium Iodide decisions	
Outcome: Public Protection	Location: In Community
Response Element: KI Distribution Center/Population	Jurisdiction:
Evaluator:	Contact #:

Task Information	Notes
<p>Inputs: Radiation release containing radioactive iodine, information from the incident scene, and protective action decision (PAD) from Emergency Operations Center (EOC) staff and public health officials.</p> <p>Conditions: Time limitations, pre-existing or default PAD agreements, availability of potassium iodide (KI), location of KI stockpile in relation to hazardous area, capability to provide KI, and knowledge of plans and procedures.</p> <p>Expected Outcomes: KI is distributed to the population at risk in sufficient time to reduce the effects on the thyroid of radioactive iodine exposure.</p> <p>Typical Steps:</p> <ol style="list-style-type: none"> 1. Determine whether any radioactive iodine is present. 2. The EOC notifies about decisions to provide KI to certain populations. 3. Distribute KI to emergency workers and institutionalized individuals and, if appropriate, to the general public. 4. Provide instructions on use of KI. 5. Maintain lists of individuals who have received or ingested KI. <p>Consequences: Risk of thyroid cancer due to radioactive iodine exposure is mitigated.</p> <p>Note: <i>These are “typical” steps that you might expect to see a player carry out when performing this task. Please consult the specific jurisdiction’s plans and procedures for actual requirements.</i></p>	<p><i>Record time task starts and is completed. Describe any actions that appear to significantly help or impede achievement of the outcome.</i></p>

Followup Analysis

*Upon completion of the day's exercise play, evaluators should compile their observations into a chronological narrative of events, describing outcomes achieved or not achieved. For any outcomes that are not achieved, the evaluator should analyze the sequence of events and attempt to determine the cause using the questions **at right**. The questions **below** may further help determine root cause.*

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- ✓ If there is a difference, why?
- ✓ What is the impact of that difference?
- ✓ What should be learned from this?
- ✓ What corrective actions are recommended?

1. Was the radiation incident a type for which KI would be effective?
2. Were KI supplies sufficient for dissemination to the population?
3. Were KI supplies within their shelf life?
4. Was the KI distribution plan and system adequate to provide KI in a timely manner that did not put the population at risk when obtaining the tablets?